



# EMSC/CHILD READY CONNECTION Newsletter

**JUNE VOLUME 2, ISSUE 6**

**A word from the EMSC Program Manager:**

**Greetings!**

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.



## ***Child Ready Montana***

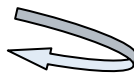
State Partnership of Regionalized Care (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

**THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME  
WITH THE RIGHT RESOURCES!**

Exciting news and events are going on this month!

***State EMS Systems Awards; Child Ready MT Thank you;  
Men's Health; E-cigarettes and poisoning***



**And Five powerful tools!**

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## EMERGENCY MEDICAL SERVICE (EMS) AWARDS

Richard Oppen, Director of the Montana Department of Public Health and Human Services (DPHHS) and the Montana Emergency Medical Services and Trauma Systems teamed up to honor and celebrate National **Emergency Medical Services Week** (May 18-24, 2014.)

THIS YEAR'S THEME WAS **"EMS: DEDICATED. FOR LIFE."**

We held the first Annual EMS State Awards Ceremony on May 21, 2014 (EMS for Children's Day) and EMS Week. We wanted to honor and thank the Montana's Emergency Care Responders for their dedication and service. **Over 70% of our EMS services are staffed by volunteers.** Today, over 3,300 EMTs and paramedics serve on a network of 265 EMS services spread across many Montana communities. Hundreds more EMTs serve with law enforcement and fire agencies; in hospitals and clinics, where they work and where they live. They are on call day or night to come to the aid of Montana's children, families, and visitors.

We honored a few by name to recognize and reward outstanding achievement and to encourage continued excellence in the field. **The 2014 Montana Emergency Medical Service Awards** were presented by the MT DPHHS Director, Richard Oppen, in the Capitol Rotunda. Presentations were given by Jim DeTienne, EMS and Trauma Systems Supervisor and President of the National Association of State Emergency Medical Service Officials (NASEMSO); and Shari Graham, EMS Systems Manager and Paramedic.

**EMS System Award:** The **Flathead County EMS** was the honoree. The Flathead County EMS is comprised of Kalispell and surrounding communities. Flathead County EMS is being honored for its development of an Emergency Medical Care System. EMS is typically recognized as the ambulance or helicopter seen responding to the emergency. However, EMS operates at the crossroads of public safety, public health and health care and is therefore integrated with other emergency responders, health care providers and the community. The Flathead County EMS represents a coalition of people and agencies who prepare for a systems response to provide patient care every day for every kind of emergency.



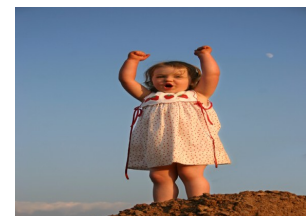
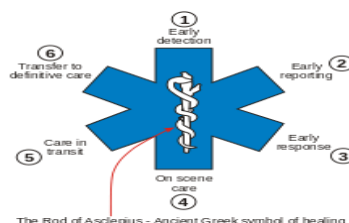
**EMS Service Award:** **Colstrip Ambulance Service** was recognized for its team approach and professionalism providing EMS service to their community. They work hand in hand with Colstrip Medical Center staff to provide emergency medical care and transport of the sick and injured in southern Rosebud County. Under the leadership of the Service Manager, Shawn Hage, AEMT, and Medical Director, Dr. Jose Ortiz, Colstrip Ambulance Service strives to continuously improve the care they provide.



**EMS Provider Award:** **Kevin Lauer, AEMT**, was honored for his efforts in rallying communities to provide public CPR Training and to improve bystander response to out-of-hospital sudden cardiac arrest. In addition to working with the American Medical Response in Bozeman and donating time with the Gallatin Gateway Fire Department, Kevin co-founded Gallatin Heart Rescue. Gallatin Heart Rescue is a foundation instrumental in providing hands only CPR training for over 14,000 participants as of April 2014. For this work, Montana recognizes Kevin for his commitment to his community and to the EMS Profession.



When Montana families find themselves in times of crisis — from car crashes to heart attacks —our dedicated network of EMS professionals ensures that quality emergency medical care is available. **Let us RECOMMIT TO SUPPORTING EMS** personnel and **thanking them for their heroic contributions to our lives.**



## JUNE 14-21, 2014 IS MEN'S HEALTH WEEK

The purpose of Men's Health Week is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.



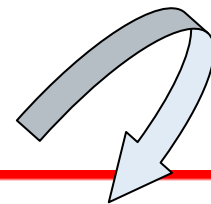
**This week gives health care providers and individuals an opportunity to encourage men and boys to seek regular medical advice and early treatment for disease and injury.**

## MEN'S HEALTH IS A FAMILY ISSUE

To quote Congressman Bill Richardson (Congressional Record, H3905-H3906, May 24, 1994): "Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, **men's health is truly a family issue.**"

Men's Health Month is the time to encourage men to make Prevention a Priority. Many health conditions can be prevented or detected early with regular checkups from your healthcare provider. Regular screenings may include blood pressure, cholesterol, glucose, prostate health and more.

**Who is ready to man up and schedule a doctor's appointment this June?** [www.menshealthmonth.org](http://www.menshealthmonth.org)



### Chart Items (rates per 100,000; age adjusted using 2000 Standard Population):

Legend	Disease or Condition	Male	Female
	All Causes	916.8	663.8
a	Diseases of the Heart	216.4	128.9
b	Malignant Neoplasms (cancer)	212.4	155.2
c	Chronic Lower Respiratory Diseases	95.9	80.8
d	Unintentional Injuries/ Accidents	76.2	36.5
e	Cerebrovascular Diseases (stroke)	40.7	41.4
f	Suicide	34.7	5.5
g	Diabetes Mellitus	27	18.9
h	Alzheimer's	12.6	23.7

<http://www.menshealthnetwork.org/states/MT.pdf>



**NATIONAL FUDGE DAY IS JUNE 16TH!**

**CELEBRATE FATHERS' DAY WITH FUDGE!**



## FIVE POWERFUL TOOLS

You can make a difference in the lives of those you encounter, both professionally and personally with these **tools**:



**1. A Passion for People**—Ask yourself how passionate you are about your work. Does it show? Remember the lives you touched, the people who will never forget you, and try to recapture your passion. Associate with people who have a passion for people (birds of a feather really do flock together). Remember passion is contagious.

**2. Positive Attitude**—Attitude is more important than education, appearance, skill or talent. It can make or break personal relationships, business organizations and teams of all sorts. You have a choice every day regarding the attitude you wear. You may not have control over things around you, but you can control how you respond to them. Focus on the way you interact with people and attend to their needs.

**3. Build Relationships**—Establish sincere and trusting relationships. Attending to your patients' clinical needs is really only a small part of your job. Attending to the whole person, including their emotional needs is what your customers deserve.

**4. Be a Master Communicator**—Effective communication goes far beyond the verbal. You must learn to communicate at the emotional level. This involves eye contact, tone of voice, body language and facial expressions—listening with your eyes as well as your ears. It's not what you meant to say that matters, but what was understood.

**5. Share a Smile**—The final way to improve the quality of life of those you interact with is sharing your sense of humor. Of course making jokes during emergency situations is improper. But in many instances, when appropriate, a moment of laughter can give the suffering a change of perspective. It can break the ice and put you on the fast track to building a relationship.

As providers, you have the privileged ability to give the greatest gift one human can give to another: a better quality of life. By possessing a deep passion for people, displaying a good attitude, building effective relationships, being a master communicator and appropriately sharing your sense of humor, you can make a positive difference in the lives of everyone around you.

*Adapted from Larry Boxman's article (firefighter/paramedic, training director)*



## RABIES



In the summer of 2013, there were hundreds of reports of animal bites in Montana, including over 40 encounters between bats and people; **20 of the 200 bats and 13 of 25 skunks submitted to the Department of Livestock's Veterinary Diagnostic Laboratory tested positive for rabies.**

Rabies is not limited to wild animals; in the same year two dogs and one cat also tested positive. People who may have been exposed generally receive a series of shots that can range in cost from \$2,000 to \$7,000 per person. Rabies can be a fatal disease that affects the nervous system of humans and other mammals. The rabies virus is carried in the saliva of infected animals and is usually transmitted to people and other animals from the bite or saliva of a rabid animal.

Officials remind anyone who may have been exposed not to destroy the animal that may be responsible. It may be possible to observe or test the animal to rule out rabies and eliminate the need for treatment. Contact your local health department or animal control for instructions on what to do.





## **CHILD READY MONTANA**

**Child Ready Montana** is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource and Services Administration (HRSA). Montana is one of 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.

Child Ready has been assessing pediatric readiness state wide in critical access facilities. We would like to thank the following critical access facilities:

Colstrip Medical Center	Crow Northern Cheyenne Hospital,
Roosevelt Memorial Medical Center,	Rosebud Heath Care Center Hospital,
Frances Mahon Deaconess Hospital,	Big Horn County Memorial Hospital,
Wheatland Memorial Hospital,	Northern Cheyenne Health Center,
Phillips County Medical Center,	Holy Rosary Healthcare,
Sheridan Memorial Hospital,	Poplar Community Hospital,
Daniels Memorial Hospital,	Trinity Hospital,
Blackfeet Community Hospital,	Liberty County Hospital,
Teton Medical Center,	Pondera Medical Center,
Northern Rockies Medical Center,	Ft. Belknap I.H.S,
Northern Montana Hospital,	St. Luke Community Hospital,
Providence	St. Joseph Hospital,
North Valley Hospital,	Clark Fork Valley Hospital,
Marcus Daly Memorial Hospital,	Deer Lodge Medical Center,
Barrett Hospital and Healthcare,	Granite County Medical Center,
Livingston Memorial Hospital.	

**Thank you for allowing our team to assess your facility and highlighting resources available in your region. We look forward to the next year of the grant mobilizing resources and addressing solutions to be Child Ready in Montana.**



## SURVIVAL AMONG CHILDREN INCREASES WHEN EMERGENCY DISPATCHERS GIVE BYSTANDERS CPR INSTRUCTIONS



Children who suffer cardiac arrest outside the hospital are more likely to survive and have good brain function if dispatchers instruct bystanders on CPR, according to a large Japanese study published in *Journal of the American Heart Association*. "Dispatcher-assisted bystander CPR increased bystander CPR delivery rate and was associated with improved one-month favorable neurological and overall outcome compared to no bystander CPR," said Yoshikazu Goto, M.D., Ph.D., the study's lead author and director of the section of Emergency Medicine at Kanazawa University Hospital in Kanazawa, Japan. "Survival rates increased from 8 percent to 12 percent with bystander CPR and dispatcher instruction, a significant difference."

The study found one-month favorable neurological outcomes increased, compared to those who received no bystander CPR:

- **81% in those who received bystander CPR with dispatcher instruction**
- 68% in those who received bystander CPR without dispatcher instruction.



Many causes may be responsible for a child's heartbeat and breathing to stop, according to the U.S. National Institutes of Health: choking, drowning, electrical shock, excessive bleeding, head trauma or serious injury, lung disease, poisoning and suffocation. Children under age 1 are at high risk of cardiac arrest from respiratory problems. Older children are at higher risk due to cardiac causes. In children under 10, risk may be due to respiratory failure or to trauma or external causes, researchers said. The 2010 American Heart Association Guidelines for CPR and ECC recommend CPR with a combination of breaths and compressions for infants (up to age 1) and children (up to puberty).

For bystanders, the first most important signs that a child may be experiencing cardiac arrest are abnormal or irregular breathing and loss of consciousness or responsiveness. Bystanders need to initiate CPR urgently until the child's heartbeat or breathing returns or until emergency medical help arrives. Permanent brain damage or death can occur within minutes if blood flow from the heart stops. The American Heart Association estimates brain damage begins if the brain is without oxygen for four to six minutes. The association also estimates that only about 40% of those who experience cardiac arrest receive CPR from a bystander.

## MONTANA BASED CRITERIA BASED DISPATCH (CBD) GUIDELINES: EMERGENCY MEDICAL DISPATCH (EMD):



The Guidelines are an **EMD Triage program** that is based on patient signs and symptoms collected by 9-1-1 dispatchers. Comparing the patient's initial signs/symptoms at the time of the call to the field report findings allowing for the review of dispatch accuracy. The Guidelines is the tool the dispatchers use to perform the challenging duties of Emergency Medical dispatching.

Only approximately 39% (20) of Montana's PSAPs are providing an EMD program. Of the 61% who are not providing EMD commented that challenges for not implementing an EMD program were: only one dispatcher on duty; availability of funding; liability; and difficulty in obtaining training.

EMSTS has obtained a licensing agreement and these materials are currently being offered at **no cost** to the agency! EMSTS will provide CBD instruction, documents, and guide cards at no cost.

For more Information on the Montana Criteria Based Dispatch EMD Program **contact Shari Graham at 444-6098 or [sgraham2@mt.gov](mailto:sgraham2@mt.gov)**.

## NATIONAL SAFETY MONTH:

Each June, the National Safety Council celebrates National Safety Month as a time to bring attention to key safety issues. As you plan your 2014 safety calendar, please join the Council and thousands of organizations across the country reduce risk of the following safety issues:

**Week 1:** Prevent prescription drug abuse

**Week 2:** Stop slips, trips and falls

**Week 3:** Be aware of your surroundings

**Week 4:** Put an end to distracted driving

**Bonus week:** Summer safety —**Access free materials.** The National Safety Council has designed a variety of free resources to engage everyone in your organization on safety throughout the month of June. [Learn more about National Safety Month](#)

## INFANT WHO SWALLOWED E-CIGARETTE REFILL LIQUID HIGHLIGHTS EMERGING DANGER:

Doctors in Philadelphia say a 10-month-old infant who was rushed to the emergency room after swallowing e-cigarette refill liquid is one of a growing number of children who have been harmed by the fluid. In this week's *New England Journal of Medicine*, the doctors describe the incident. The child recovered, Health Day reports. But just "one teaspoon of a 1.8 percent nicotine solution could be lethal" to a person who weighs 200 pounds, the doctors note.

The baby boy was taken to the hospital after swallowing a small amount of e-liquid nicotine. He began vomiting after drinking the liquid. His heart rate increased and he showed signs of losing muscle control. His symptoms gradually subsided after about six hours in the hospital.



"With the growing use of e-cigarettes, physicians need to be alert for nicotine poisoning," the doctors wrote. "They also need to educate patients and parents about this danger and advocate for measures that will help prevent potentially fatal liquid nicotine poisoning of infants and young children." The liquids do not come in child-protective packaging, and many refill vials have colorful labels and cartoons, they noted. Last month, the Centers for Disease Control and Prevention reported poison control centers are receiving an increased number of calls about nicotine poisoning from e-cigarettes. This February, centers received 215 calls, compared with about one per month in 2010. About half of calls related to nicotine poisoning from e-cigarettes involved children ages 5 or younger.

## MONTANA TOBACCO QUIT LINE SERVICES-- 1-800-QUIT-NOW or 1-800-784-8669

Receive: FREE pro-active cessation coaching sessions; 8 weeks of FREE nicotine replacement therapy (gum, patches or lozenges). Callers who enroll in Quit Line services may be eligible for up to 8 weeks of free NRT. Chantix at a reduced cost (\$50 co-pay per month for three months); Bupropion at reduced cost (\$5 co-pay per month for three months) Resources also include:

- FREE educational materials for health care providers as well as friends and families of tobacco users
- A fax referral system for health care providers who have patients that want to quit using tobacco (see provider link)
- Trained staff that offers culturally appropriate services for American Indians
- A quick and easy reference for providers about the steps that their patients, as well as the provider, can take in order for the patient to receive FREE NRT (gum, patches, lozenges) and reduced cost Chantix or bupropion from the Montana Tobacco Quit Line.

## EMERGENCY RESPONSE GUIDEBOOK ERG 2012 APP



Product From [Pipeline and Hazardous Materials Safety Administration \(PHMSA\)](#)

The Pipeline and Hazardous Materials Safety Administration's (PHMSA) 2012 Emergency Response Guidebook (ERG) provides first responders with a go-to resource to help deal with hazmat accidents during the first critical 30 minutes. The ERG contains an indexed list of dangerous goods and the associated ID number, the general hazards they pose and recommended safety precautions. This free app is available both for iPhone and Android devices.

## GET READY CAMPAIGN



Everyone needs to be ready for a disaster, but if you're pregnant or have an infant, there are special things you need to keep in mind. APHA's Get Ready campaign and the March of Dimes have partnered to create a series of fact sheets to help pregnant moms and families with infants prepare for emergencies.

The six new fact sheets address ways that pregnant women and young families can prepare for disasters such as tornadoes, earthquakes, hurricanes and wildfires. A general fact sheet for pregnant women and families with infants is also available in Spanish.

In addition to the fact sheets, the Get Ready campaign also released a podcast, Q&A and e-card. Read, print and share the new fact sheets from the **Get Ready website**, and share them in your community!

**Web page:** <http://getreadyforflu.org/pregnantmomsinfants.htm>

## FREE CE COURSE AVAILABLE FOR PROFESSIONALS — MV SAFETY STRATEGIES

Prevent Child Injury

A free 1-hour continuing education course for allied health, safety, and education professionals is available online that discusses research-supported techniques to motivate 4-12 year-old children and their parents to practice good child passenger safety in motor vehicles. Course participants are taught to recognize when an education-focused safety intervention approach is insufficient, and when and how to modify their approach for more of a persuasive impact. Two free downloadable toolkits are also showcased as example programs.

This course, "**Keeping 4-12 Year-Olds in Boosters and Belts: Strategies that Work**," is appropriate for a wide range of professionals who work with children and families, including physicians, nurses, public health professionals, firefighters, first responders, law enforcement, psychologists, social workers, teachers, and child care providers. Registrants can earn 1 hour of CME, CEU, CNE, or CECH/CHES credits, or print a course completion certificate. The course was developed by researchers at Eastern Virginia Medical School under contract from the Centers for Disease Control and Prevention.

For more information or to take the course, go to [www.carsafetyeducation.org](http://www.carsafetyeducation.org). Please consider sharing this information with your own networks. For questions, please contact [info@preventchildinjury.org](mailto:info@preventchildinjury.org).

## The popular "BLUE CARD"... is now a [mobile app](#)!

This user friendly mobile application, developed by Children's National physicians in the Division of Emergency and Transport Medicine, provides a quick reference for the vitals, equipment, and dosage guidelines for an emergency pediatric patient.

- Enter the patient's age or weight—the information you need to know is right at your fingertips!
- Search by specific medicine or situation. Available for Apple and Android devices.

Visit [www.ChildrensNational.org/BlueCard](http://www.ChildrensNational.org/BlueCard) to download your free copy today!



## TRIVIA CONTEST:



First 3 to answer the questions wins a free PEDIATRIC CRASH CARD REFERENCE or Broselow Tape-  
Email [rsuzor@mt.gov](mailto:rsuzor@mt.gov)

1. WHAT IS THE THEME OF THIS YEAR'S EMS WEEK?
2. WHAT IS ONE OF THE FIVE POWERFUL TOOLS?
3. WHAT ARE THE GOALS OF EMSC?

## TRAINING RESOURCES:

### EMSC ONLINE EDUCATION

- CECBEMS approved national CE available. NM EMS Bureau approved CE for NM EMS only.
- CE process is automated with certificate generated at the end of the module.
- Meets requirement for mandatory pediatric CE.

A total of 36 modules available for CE. EMSC 11 modules), [Pediatric Trauma](#) (8 modules), [Pediatric Emergencies](#) (1 module) and School Nurse and EMS (15 modules) are now available for EMS CE both national and state.

**Easy to start a module.** To access, click the [Training and Continuing Education](#) link in the navigation menu .



*Start an EMSC module for CE today. Visit...*

[Training and Continuing Education](#)

### → EMSC Goals:

- Ensure state-of-the-art emergency medical care for the ill or injured child and adolescent.
- Ensure that pediatric services are well integrated into an emergency medical services (EMS) system backed by optimal resources.
- Ensure that the entire spectrum of emergency services, including primary prevention, acute care and rehabilitation, is provided to children and adolescents.

### PEDIATRIC SEIZURES

**Description:** The teaching in this module is presented in case study format involving a 15 month old male patient who suddenly began to have a convulsion with no prior history of seizures, trauma or illness. Assessment, intervention, pathophysiology, medication review and references are discussed.

**Cost: FREE!** Taking the course is free but there is a \$5.00 processing fee for national CE certificate per module. (Source: New Mexico EMSC / University of New Mexico Department of Emergency Medicine)  
<http://hsc.unm.edu/emered/PED/emsc/training/course.shtml>, click on **Pediatric Seizures**.

